

Department of Children's Services
FOSTER HOME PLACEMENT CHECKLIST

Child's Name: _____

Date of Birth/Age: _____

Social Security Number: _____

Sex: _____

Foster Parent(s): _____

Foster parents have a right to information regarding the children placed in their care. The information provided below is in compliance with Tennessee Code 37-2-415. This information is provided to the foster parent at the time of the child's placement or no later than at the time the foster placement contract is signed and consists of pertinent information available to the Department at the time of placement.

The child was placed in custody of the Department of Children's Services due to the following:

☐ Dependent/Neglect ☐ Unruly ☐ Delinquency

If the child was placed in the custody of the Department of Children's services due to delinquent behavior would their behavior constitute one of the following criminal offenses? Are petitions for any such offenses pending or is there a history of such offenses? (Check all that apply)

<input type="checkbox"/> First Degree Murder	<input type="checkbox"/> Kidnapping	<input type="checkbox"/> Aggravated Robbery
<input type="checkbox"/> Second Degree Murder	<input type="checkbox"/> Aggravated Kidnapping	<input type="checkbox"/> Especially Aggravated Robbery
<input type="checkbox"/> Rape	<input type="checkbox"/> Especially Aggravated Kidnapping	<input type="checkbox"/> None of the Above
<input type="checkbox"/> Aggravated Rape		

Behavioral issues which may affect the care and supervision of the child (check all that apply):

<input type="checkbox"/> Acts out sexually	<input type="checkbox"/> Fire Setting	<input type="checkbox"/> Self injurious behavior
<input type="checkbox"/> Aggressive/physically	<input type="checkbox"/> Habitual Lying	<input type="checkbox"/> Smoking
<input type="checkbox"/> Aggressive/sexually	<input type="checkbox"/> Runaway	<input type="checkbox"/> Stealing
<input type="checkbox"/> Assaultive		<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Other (list) _____	

History of Physical or Sexual Abuse: (Describe: e.g., child violently shaken by caretaker; sexually abused by a relative in the home)

Special medical or psychological needs of the child: (Describe: e.g. child is severe asthmatic and requires breathing treatment every 4 hours; child is diabetic and requires insulin; child is attending counseling and must be transported to see therapist each week)

Check current medical conditions or diseases present or that child is being evaluated for:

<input type="checkbox"/> Chicken pox	<input type="checkbox"/> Hepatitis	<input type="checkbox"/> TB
<input type="checkbox"/> STD (specify)	<input type="checkbox"/> Measles (rubella, rubeola)	<input type="checkbox"/> Other conditions: _____
<input type="checkbox"/> Handicapping Condition (Specify) _____	<input type="checkbox"/> HIV	_____
	<input type="checkbox"/> Lice	_____

Comment: _____

All information shall remain confidential and not subject to disclosure to any person by the foster parent.

Placing Case Manager

Date

Foster Parent

Date

**Copy In: Foster Home File
Child's Record**